

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 202181	RECEIPT DATE:	12 / 10 / 98
IA NUMBER:	PCT/ IL97 / 00184	IA FILING DATE:	06 / 10 / 97
FAMILY NAME:	REISNER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	YAIR	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 11 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	REISNER =5	COUNTRY:	ILX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	BROWDY AND NEIMARK		
STREET:	419 SEVENTH STREET NW		
	SUITE 300		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	20004
EMAIL:			
APPLICATION TITLES:			
	HUMAN MONOCLONAL ANTIBODIES TO THE HEPATITIS B SURFACE ANTIGEN		

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/202,181	12/10/98	800	1649	REISNER=5

APPLICANT YAIR REISNER, OLD JAFFA, ISRAEL; SHLOMO DAGAN, REHOVOT, ISRAEL.

CONTINUING DOMESTIC DATA***
VERIFIED

RZ

371 (NAT'L STAGE) DATA***
VERIFIED THIS APPLN IS A 371 OF PCT/IL97/00184 06/10/97

RZ

FOREIGN APPLICATIONS***
VERIFIED ISRAEL 118625

11/10/98 per PC
06/28/98

RZ

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/27/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ILX	SHEETS DRAWING 10	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>RZ</u> Examiner's Initials _____ Initials _____					

ADDRESS

BROWDY & NEIMARK
419 SEVENTH STREET NW
WASHINGTON DC 20004

TITLE

HUMAN MONOCLONAL ANTIBODIES TO THE HEPATITIS B SURFACE ANTIGEN

FILING FEE RECEIVED \$498	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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